Mental Health Series

Posttraumatic Stress Disorder Following Military Deployment in Iraq and Afghanistan

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OVERVIEW

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that occurs after exposure to traumatic events. To establish a diagnosis of PTSD, the traumatic stressor must be "extreme." The individual must have experienced or witnessed an event or events that involve "actual or threatened death or serious injury, or a threat to the physical integrity of self or others." Typical traumatic stressors that are associated with PTSD include combat, physical attack, sexual assault, torture, severe abuse, transportation accidents and natural disasters. Typical symptoms associated with the disorder include intrusive recollections of the traumatic event, such as nightmares, flashbacks and intrusive thoughts, avoidance of cues that might remind the person of the traumatic event, diminished interest or participation in significant activities, feelings of detachment or estrangement from others, difficulty expressing feeling of love or affection, sleep disturbance, decreased concentration, exaggerated startle response, hypervigilance, irritability, and problems with anger management.[1]

The current deployment of U. S. military personnel in Afghanistan and Iraq has resulted in considerable exposure to combat. In fact, the military operations in Iraq and Afghanistan have involved the first sustained ground combat by the U. S. military since the war in Vietnam. Because of this sustained ground combat, an increase in the rate of PTSD among these soldiers is likely. This increase in PTSD will provide a challenge for mental health provides in the military, the VA, and the private sector.[2, 3]

RATE AND PATTERNS AMONG RETURNING VETERANS

A 2004 study by Hoge and others found that 18-20 percent of troops had symptoms of PTSD following deployment to Iraq. This study also found that soldiers returning from Iraq reported much higher rates of combat exposure than soldiers returning from Afghanistan. As might be expected, higher rates of PTSD were associated with increased exposure to combat. In addition, higher rates of PTSD were significantly associated with having been wounded or injured.[2]

A unique aspect of the U. S. efforts in Iraq and Afghanistan is the large number of National Guard and Reserve personnel who have been deployed. In contrast to active duty troops, these troops are civilians. They do not live on military bases, did not volunteer for full-time service, and did not expect to be involved in lengthy military conflicts. During the Gulf War, National Guard and Reserve soldiers exhibited more mental health problems than active duty soldiers. It may be that a similar discrepancy will be found for National Guard and Reserve troops deployed during the current conflicts in Afghanistan and Iraq.[4]

Hoge and his associates found that although many of the soldiers were willing to admit on an anonymous survey they were experiencing symptoms of PTSD and other mental disorders, they were hesitant to seek treatment for their mental health problems. Reasons for this hesitancy ranged from embarrassment to concerns about how they would be perceived by both their superiors and the other members of their unit. The soldiers also expressed concern about access to treatment and the effectiveness of treatment.[2]

IDENTIFICATION AND TREATMENT

The military is making an increased effort to identify soldiers who are suffering from PTSD and to provide appropriate treatment for them. Relevant practice guidelines have been developed by a joint task force of the Department of Veterans Affairs, the Department of Defense, the American Psychiatric Association, and the International Society for Traumatic Stress Studies. In addition, the military is attempting to develop new treatment modalities for soldiers with PTSD symptoms. Project DE-STRESS is currently examining the efficacy of stress inoculation training as a treatment method. The treatment modality involves Web-based training. Efforts are also being made to decrease barriers to treatment. The Defense Department's senior medical advisor has indicted that there should be no stigma for soldiers who seek help for mental problems after returning home from combat zones. Health assessments are conducted before and after deployment, and these questionnaires specifically address symptoms of PTSD.[4,5,6]

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In addition to the challenges for military health care providers, the incidence of PTSD among soldiers who have served during the recent conflicts in Afghanistan and Iraq will provide a challenge for VA facilities, as well as private mental health providers. According to information provided by Kang and his colleagues in the New England Journal of Medicine, as of February 2005, 48,733 veterans from the conflicts in Afghanistan and Iraq had received health care at a VA facility. Of these veterans, possible mental disorders were identified in 26 percent and a possible diagnosis of PTSD was identified in 10 percent. War veterans are eligible of two years of free healthcare from the VA for any condition that may be related to combat, and treatment for PTSD is available at each of the three VA Medical Centers in Tennessee. In addition, the TVHS VA Medical Center has recently opened a six-week intensive outpatient treatment program on the Nashville Campus for Veteran's with PTSD. This program accommodates up to 10 veterans at a time.[3]

CONCLUSION

The intense level of ground combat in Iraq, and to a lesser degree in Afghanistan, will result in increased rates of PTSD among military personnel. This will create challenges for mental health providers in the military, the VA, and the private sector. Although efforts are clearly being made in the military and the VA to diagnose individuals with symptoms of PTSD and facilitate treatment, barriers remain. Within the military, perhaps the single most significant barrier to treatment is the perceived stigma that military personnel associate with having a mental disorder. Within the VA, the need for increased capacity to meet demand will perhaps be the most significant challenge. ■

References

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